


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000107290 1. Entity Name RONRUSS CORPORATION	
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Principal Place of Business 999 WASHINGTON AVENUE MIAMI BEACH, FL 33139-5012 US	Mailing Address 2930 BISCAYNE BLVD MIAMI, FL 33137 US
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**DO NOT WRITE IN THIS SPACE**



07142006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0809946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GALBUI, ABRAHAM 444 WASHINGTON AVENUE MIAMI BEACH, FL 33139	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GALBUI, RUSSELL W 2930 BISCAYNE BLVD MIAMI, FL 33137
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07/21/06-80003-003-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like endorsements.

SIGNATURE: \_\_\_\_\_  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_